

May 1979

LAWRENCE LIVERMORE LABORATORY  
AFFIRMATIVE ACTION QUESTIONNAIRE

The Lawrence Livermore Laboratory is asking all applicants for employment to complete this form in order to comply with United States Government Equal Employment Requirements. Data collected will be used for statistical purposes and to measure effectiveness of recruitment efforts. This information is being requested on a strictly voluntary basis and refusal to supply it will not subject you to any adverse treatment. If you wish to provide this information, it will be detached from your application and will be kept separate and confidential.

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
LAST FIRST MIDDLE

**INSTRUCTIONS**

Please identify the appropriate ethnic category by placing an "X" in the corresponding box. Select one box only - if two or more ethnic categories are applicable, choose the one category with which you most closely identify.

**RACE/ETHNIC HERITAGE**

- |                                                            |                                                                                                                                                              |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE | Having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition. |
| <input type="checkbox"/> ASIAN OR PACIFIC ISLANDER         | Having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands.                                   |
| <input type="checkbox"/> Chinese/Chinese American          |                                                                                                                                                              |
| <input type="checkbox"/> Filipino/Pilipino                 |                                                                                                                                                              |
| <input type="checkbox"/> Japanese/Japanese-American        |                                                                                                                                                              |
| <input type="checkbox"/> Pakistani/East Indian             |                                                                                                                                                              |
| <input type="checkbox"/> Other Asian                       |                                                                                                                                                              |
| <input type="checkbox"/> BLACK, NOT OF HISPANIC ORIGIN     | Having origins in any of the Black racial groups of Africa.                                                                                                  |
| <input type="checkbox"/> HISPANIC                          | Persons of Mexican-American, Puerto Rican, Cuban or Central or South American or other Spanish Latin-American/Latino Culture or origin, regardless of race.  |
| <input type="checkbox"/> Latin-American/Latino             |                                                                                                                                                              |
| <input type="checkbox"/> Mexican/Mexican-American/Chicano  |                                                                                                                                                              |
| <input type="checkbox"/> Other Spanish/Spanish-American    |                                                                                                                                                              |
| <input type="checkbox"/> WHITE, NOT OF HISPANIC ORIGIN     | Having origins in any of the original peoples of Europe, including Portugal, North Africa, or the Middle East and other.                                     |

**VETERANS**

- |                              |                     |                                                                                                                                                                                                                                                      |
|------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | DISABLED VETERAN    | Must be either entitled to compensation for disability rated at 30% or more under laws administered by the Veterans Administration OR discharged or released from active duty for a disability which occurred or was aggravated in the line of duty. |
| <input type="checkbox"/> NO  |                     |                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> YES | VIETNAM ERA VETERAN | Must meet BOTH of the following: 1) Active duty for more than 180 days; 2) Served between August 4, 1964 and May 7, 1975.                                                                                                                            |
| <input type="checkbox"/> NO  |                     |                                                                                                                                                                                                                                                      |

**HANDICAPPED**

- |                              |                                                                                                               |
|------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> YES | Having a physical or mental disability which is a substantial barrier to employment. Please specify handicap: |
| <input type="checkbox"/> NO  |                                                                                                               |

**SEX**

- |                                 |       |
|---------------------------------|-------|
| <input type="checkbox"/> MALE   | _____ |
| <input type="checkbox"/> FEMALE | _____ |

**BIRTHDATE**

Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_

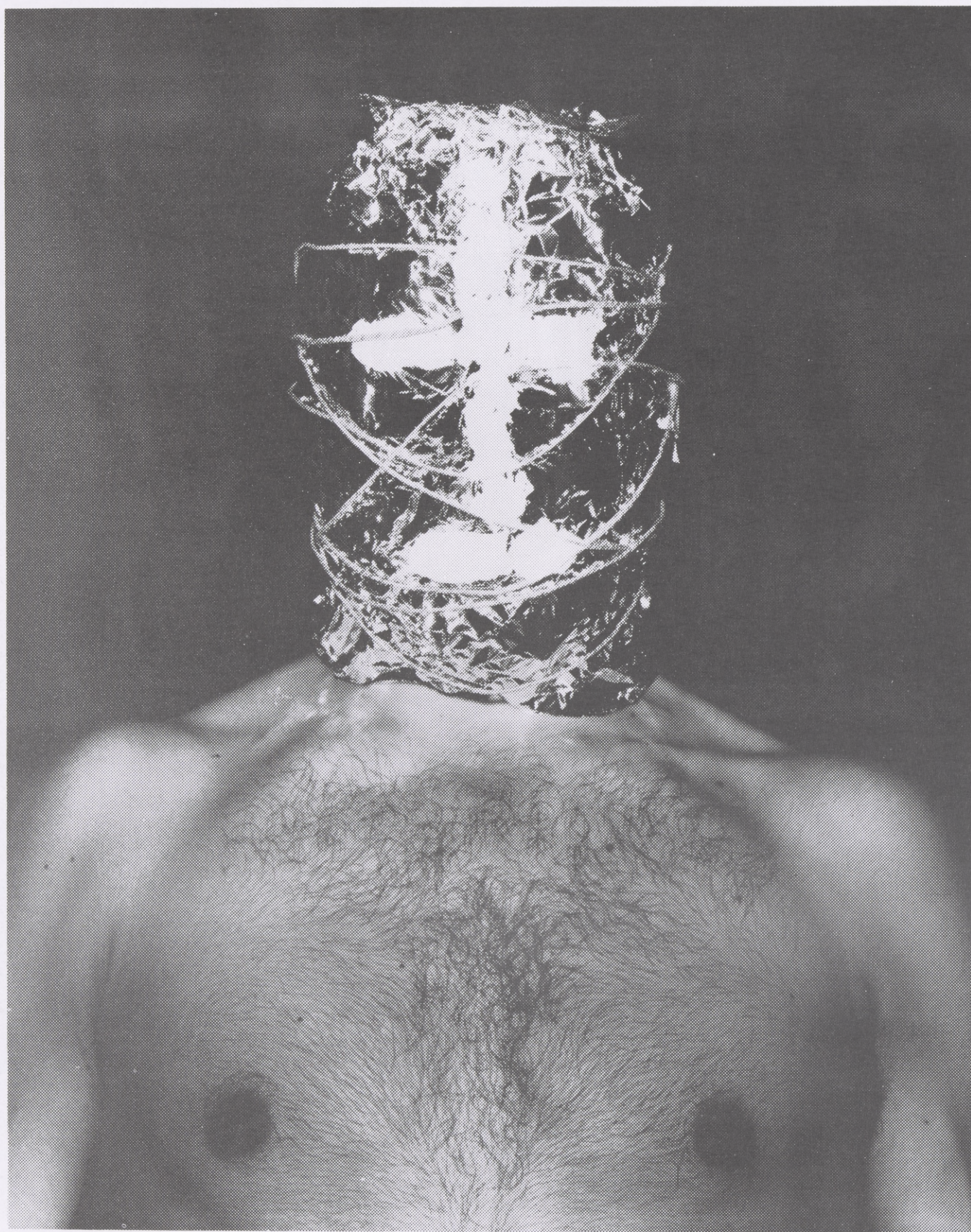
Employment Division  
2/17/78 - 1818b

**LAWRENCE LIVERMORE LABORATORY PRIVACY NOTIFICATION**

The state of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves. The principal purpose for requesting the information on this form is for consideration for employment, payment of earnings, and for miscellaneous payroll and personnel matters such as, but not limited to, withholding of taxes, benefits administration, and changes in title and pay status. Laboratory and University policy and State and Federal statutes authorize the maintenance of this information. Furnishing all information requested on this form is MANDATORY—failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various Laboratory and University departments for personnel and payroll administration, and will be transmitted to the Federal and State governments as required by law. Individuals have the right to review their own records in accordance with Laboratory and University policies. Information on these policies can be obtained from the Personnel Department. The Officials responsible for maintaining the information contained on this form are: The Personnel Manager, The Accounting Officer, and the Department Head, Data Processing Services.

SFAI Student Publication/Editor R. Irwin/Art Editor R. Tringali/page 1 K/page 2 Henri Lewis/ page 3 Tom Curtis/ page 4 Bill Seaman/ page 5 Survey page 6 Judy Gittelsun/ page 7 Mr. Robot/ page 8 Phillip Hueser Volume 1 No. 2, May 1979 I Art Inc. No part of this publication may be utilized or reproduced in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher. No responsibility will be assumed for unsolicited contributions. Manuscripts or Image material to be returned should be accompanied by a self addressed, stamped envelope adequate to return material.











## A Catalogue Of Involvements

- 1 Walk along a street lined with some form of architecture.
- 2 Obtain a scrap of metal.
- 3 Use your hand.
- 4 Run the metal fragment along the architecture.
- 5 Listen to beats and sound patterns created by the architectural variations.

### Walking Variations

- 1 Obtain a cheap cassette tape recorder.
- 2 Obtain a mike with a long cord.
- 3 Extend your arm, holding the mike cord in front of your body.
- 4 Allow the mike to dangle just above your feet.
- 5 Turn on the tape recorder.
- 6 Walk at an even rate.
- 7 Put emphasis on a particular aspect of the walking.
- 8 Change emphasis at various intervals.
- 9 Continue walking.
- 10 Watch people watching you walk.
- 11 Change pace.
- 12 You may choose to participate in Walking Variations without a tape recorder.

### Waiting Event

- 1 Mimic the gestures of the person waiting next to you.  
or
- 2 Lay on the floor/ground, and look up at the sky/ceiling.  
or
- 3 Continue to watch the clock for the entire duration.  
or
- 4 If there is no clock to watch, notice subtle light variations.  
or
- 5 Close your eyes and attempt to reconstruct an event, exact in terms of all details.

### Involvement For Body as instrument

- 1 Assume a position in relation to the surrounding architecture.
- 2 This position may be contorted.
- 3 Attempt to make a sound which reflects your positioning.
- 4 Resume your normal relationship with the architecture.

### Counting Event for Logistical Control Activity

- 1 Count all the events you are involved in.
- 2 Make a record of the amount.
- 3 Count the recording process as an event.
- 4 Edit out the negative recordings.
- 5 Examine memory use as a particular event.

Bill Seaman



DROP IN "I" BOX SOON SOON SOON.!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!



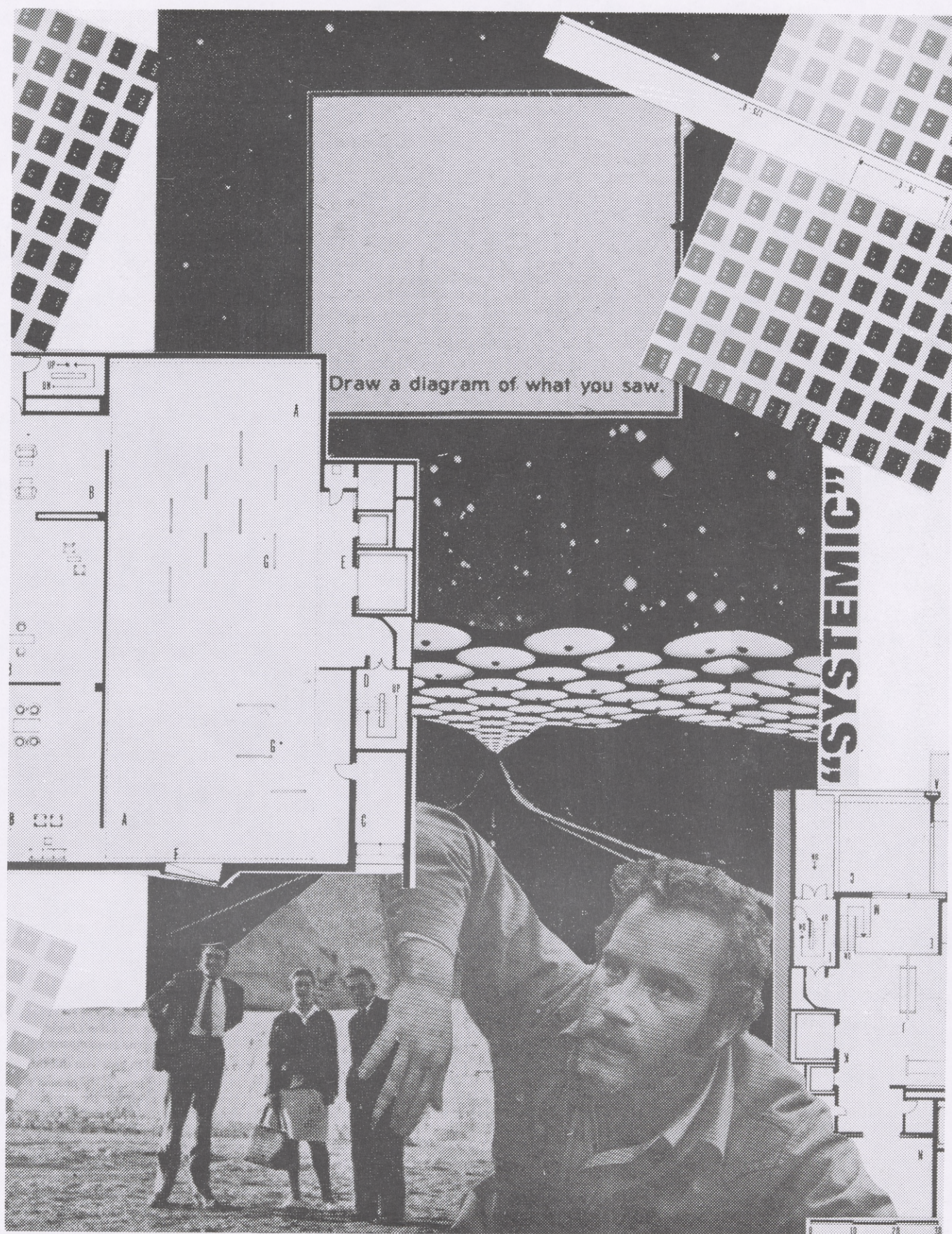


# PINK SECTION

Toddism, Carol Detweiler, Pontiac De'Lamour Kitten of Love.  
MANY SECTIONS, ALL DIFFERENT, PARTS, SECTS, LIKE TYPES  
OF FAITH, AND ENDEAVORS, GOING SOME PLACE, LIKE MOTION,  
ACTION, PRETENSION, ELATION ALTERATION, ELECTION. PINK AS FAR AS LIGHT,  
ATTENTION, ACCEPTION, EXCEPTION, ALBINO, ALL TOO CLEAN BUT NOT  
BABY, NEXT TO WHITE, MORAL, PEN. PEKING. BEIJING. CHINA.  
TOO RED. PINK. PUNK. PRANK. NARROW. MARROW. MAGNUS.  
GUYANA. NIRVANA. NEUROTIC. EXPANSION. TENSION. RETENTION.  
MUSON. MANSION. MANIQUIN. OVER WEIGHT LOSS.  
WATER WEIGHT GAIN.







Draw a diagram of what you saw.

**"SYSTEMIC"**



XXX

